24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CAPA21- Federal	C C00564690
	O 20000-0000
Check if 24-hour report X 48-hour report New report X Amends report filed	d on 02 / 12 / 2016
Full Name of Payee	Date of Public Distribution/Dissemination
Greenlight Media Strategies, LLC	02 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 32 Court Street, Suite 2109	Amount
City State Zip Code	11000.00
Brooklyn NY 11201	Transaction ID : EDT.E.11 Date of Disbursement or Obligation
Purpose of Expenditure Mail Piece Category/ Type 24E	01 29 / 2016
Name of Federal Candidate Support Office	e Sought: House District:
Hillary Clinton Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Greenlight Media Strategies, LLC	02 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 32 Court Street, Suite 2109	Amount
City State Zip Code	475.00
Brooklyn NY 11201	Transaction ID : EDT.E.17 Date of Disbursement or Obligation
Purpose of Expenditure Photo Category/ Type 24E	02 / 17 / 2016
Name of Federal Candidate Support Office	e Sought: House District:
Hillary Clinton Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought Disb 24433.00	
	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	11475.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	02 18 2016
Signature	